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PLEASE TYPE OR PRINT	Entered previous May Show						
	Ves □ no						
□ Ms. D4-1/-	T /-						
Mr. Artist	Jenkins						
Permanent ,	(Last Name Last)						
Address 12471 Ced	dat Nd #104						
44/18 Street Tel. (2/6)	932-7926						
	104/146						
Zip Area Code Temporary or	- Au- > a						
Studio Address 43/F	OSPECTAVE CLEVE						
L////Street	City						
79//3 Tel. 2/6)	861-7972						
Zip Area Code							
If you do not presently live in one of the counties of the							
Western Reserve, which county	were you born in?						
Collaborator							
(If Any)							
If May Show entries are not acc	ented or not sold:						
Artist will pick up at Museu	•						
Museum should dispose of.							
☐ Museum should ship to artist C.O.D. at this address:							
Special Instructions							
When necessary include below instructions or a drawing of							
how the object is to be assembled and displayed.							

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions bringed in the entry information.

Signature -

DO NOT DETACH

REJECTED

REJECTED

DATE